Social Prescribing – A View from a Patient

Social Prescriber – a phrase I had recently heard of but didn’t really understand. It conjures up all sorts of ideas so I decided to find out the reality by talking to Sarah Robilliard who has worked with the Surgery for about 18 months.

Social Prescribing, sometimes called Community Referring, started as such in 2017, but has been an evolving concept for about 20 years. The idea is that a Social Prescriber is someone with a background in medical and caring services, who can take on the case of someone in need. They may be able to deal with a problem themselves, but mostly they can provide a link to specialist help. That may be a voluntary service group, or it may be part of the NHS.

Sarah gave me a fictitious example. A patient with a long history of anxiety which had not been helped by medication. In the course of a typical 1 hour session she might discover a history of childhood abuse, bereavement, or other trauma that the patient couldn’t come to terms with. Part of her job is then to seek out specialist help, with the necessary expertise and experience to help exactly such cases. Over time Social Prescribers build up a list of appropriate services. Some like Weight Loss clinics are easier for anyone to find. Others such as specialist Abuse units are harder to find, and our Social Prescribers have the time and the experience to first delve into the underlying problem and then locate help. Sarah says she is constantly updating her “Care Directory” which already runs to over 60 organisations.

Social Prescribing is one of a number of specialist services funded by the NHS. They are growing over time (for example our Surgery now has access to a full time Physiotherapist and specialist Clinical Pharmacists who can discuss the suitability of both NHS pills and supplements, also funded direct by the NHS). We will soon have 3 more Social Prescribers, one full time and two half time so the service can expand significantly. It can certainly help our GPs by taking on part of the load which doesn’t need the pills and operations and the like which only a qualified doctor can dispense, as well as giving time to improve the overall underlying health of the Surgery patients.

How do you get to use these services? A GP, a nurse, a pharmacist or a medical receptionist may pick up on a background of the sort of problem that a Social Prescriber can help with and make a referral. You can self-refer through the surgery. For example, if a home carer has difficulties in coping, or someone has mobility issues, not many people would trouble their GP unless the problem was severe. But there are services to help, and this is a common issue where the Social Prescribers can step in and refer someone for help.

Contact with Sarah or her new team is the first stage for help in many cases. She described an important part of her role as a listening ear. Not only can the opportunity to just talk about a problem help, her experience can often get to an underlying issue that can be helped.

I’m glad I took the time to find out more.

Rex 12th May 2021

Rex is a member or our Patient Participation Group.

If you are interested in joining our PPG please contact [h.halson@nhs.net](mailto:h.halson@nhs.net) and a member of the PPG will get in touch.